<u>Unde</u>	the Papernoit Red PATENT	ADDITO	THIMP	EE VEIEN	44466644	RECORD e December 8.	2004	710	52	7523
Substitute for Form PTO-875 Effective December 8, 2004 APPLICATION AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY								OR	OTHER THAN SMALL ENTITY	
			NUMBER FILED		NUMBER EXTRA		FEE (S)		RATE (8)	FEE (\$)
FOR BASIC FEE		NUMBERFRED		N/A		N/A	150.00		NA	300.00
SEARCH FEE		N/A		N/A.		. N/A	\$250		N/A	\$500
37 CFR 1 18(10, (1), or (m))				1 N/A		NA.	\$100		N/A	\$200
XAMINATION FEE DT CFR 1.16(q. (p). or (ci)		N/A				X\$ 25 -		OR:	X\$50 .	1000 i
TOTAL CLAIMS 37 OFR 1.16(1))		# onnus 20 =				X100 -		"	X200 .	
NOEPENDENT CLAMS		minus 3 =				7100 -	·	ľ		
APPI FEE	UCATION SIZE	If the specification and drawings exc sheets of paper, the application size is \$250 (\$125 for small entity) for ex additional 50 sheets or fraction ther			ach .		· .		: .	
•	FR £16(a))	35 U.S.C.	41 (a)(1)(G) and 37 CFR	1.16(s).	+180=		<u> 1</u> t	+360=	
HULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(ji)) If the difference is column 1 is less than zero, enter "0" in column 2.						TOTAL			TOTAL	9,000,
. H H					•					
	APPLICA		÷.	OR	OTHER	THAN				
1	7-050	7 - 05 (Column 1) (Column 2) (Column 3)					ENTITY	7 (SMALL	
Y.		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT.	RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (5)	TIONAL FEE (\$)
ENDMENT	Total	MENDMENT	Minus	· 10	•	X\$ 25 _		OR	X\$50 .	
	Independent	40	Minus.	 7	2	X100 =		OR	X200 .	
	COT CER STICON	-/ ·.	(77 CFR 1.16(s))]		-
¥	Application Size Fee (37 CFR 1.16(s)) PRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)					+180=		OR	+360=	
	ARST PRESENTATION OF MCCLIFICATION					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
	•		•.			,000			•	
		(Column 1)		(Column 2) HIGHEST	(Column 3)			7	RATE (5)	ADOI-
y 89 ⊒		CLAIMS REMAINING AFTER		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (5)	TONAL FEE (5)			TIONAL FEE (\$)
ENT	Total	MENDMENT:	Minus.	***	•	X\$ 25 .	:	OR.	X\$50 :	<u> </u>
S	(DT CFR L10(I))		Minus	***	•	X100		OR	X200	<u> </u>
AMEN	Application Size Foe (37 CFR 1.16(s))							4 :		
A	HIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(II))					+180=	<u>. </u>	OR	+360=	1
-	HIGH PRESCRIPTIONS WAS A STATE OF THE PRESCRIPTION OF THE PRESCRIP				TOTAL.		OR	TOTAL ADD'L FEE	7	
	• If the entry in cot	uma 1 le lace 1h	en the ent	rý in column 2, wi	ite "O" in column	3.		 -		
1	If the entry in cot If the "Highest No If the "Highest No	MINDAY PYBYIOUS	IA LEIG LO	MA LING CO.		, enter "20". enter "3". iest number found	•			

The Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a banefit by the public which is to file (and b